

Direct Deposit of Funds is available for both electronic and paper claims submissions. Please note that if you have more than one office, a separate application must be completed for each office. For practices with more than one dental provider, each dental provider who bills under his or her own ID number should complete a separate form.

DENTAL PROVIDER INFORMATION				
LAST NAME	FIRST NAME	INITIAL	DENTAL COLLEGE LICENSE NUMBER/ UNIQUE IDENTIFICATION NUMBER:	TELEPHONE NUMBER
FAX NUMBER			EMAIL ADDRESS	
PRACTICE/CLINIC ADDRESS			CITY	PROVINCE
				POSTAL CODE

ACCOUNT HOLDER BANKING INFORMATION				
Please ensure the following banking information is accurate and clearly legible as it will be added to our system as it appears on this form.				
LAST NAME	FIRST NAME	INITIAL	NAME OF BANK	
BRANCH ADDRESS			CITY	PROVINCE
				POSTAL CODE
BANK TRANSIT NUMBER (5 digits)		BANK NUMBER (3 digits)	ACCOUNT NUMBER (maximum 12 digits)	

I hereby authorize Alberta Blue Cross to initiate direct deposit of funds to my practice's account to expedite payment for assigned claims for dental services.

Signature: _____ Date: _____

Please fax your original completed form to:

Alberta Blue Cross
Dental Provider Maintenance

Fax: 780-498-3544 (Edmonton and area)

For more information about electronic funds transfer, please call:

Alberta Blue Cross
Dental Services
780-498-8977 (Edmonton and area)
403-294-4042 (Calgary and area)
1-800-567-8104 (toll-free)

PLEASE NOTE THAT ALBERTA BLUE CROSS HAS THE RIGHT TO REFUSE OR REMOVE DIRECT DEPOSIT OF FUNDS PRIVILEGES AT ANY TIME.

